

July 31, 2009

Paladin Eastside Counseling Services, Inc.
Attention:***REDACTED***
REDACTED
Montebello, CA 90640

FRED AGUIAR
Secretary
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member
JULIE NAUMAN
Executive Officer

RE: On-site audit conducted on February 10th and 11th, 2009

Dear Dr.***REDACTED***:

On February 10th and 11th, 2009, Victim Compensation Program (VCP) staff conducted an on-site clinical review of the mental health services provided by Paladin Eastside Counseling Services, Inc. to victims of crime who have eligible applications filed with the VCP. The review team consisted of Policy and Mental Health Section manager Janice Patton, Mental Health Section manager Robin Foemmel Bie, LCSW, VCP Consulting Psychologist James Kent, Ph.D., and Mental Health Section lead analyst Bob Sonsalla.

The review team focused on the following areas:

(1) Treatment provided was performed in accordance with all applicable federal, state, county laws, ordinances, regulations and procedures; (2) Treatment provided was necessary as a direct result of the qualifying crime (i.e. the crime for which the application was filed); (3) The VCP was billed at the correct payment rate and percentage of treatment related to the qualifying crime; (4) Proper completion of the consent for treatment and the authorization for release of confidential information; and (5) Timely completion of the VCP's Treatment Plans.

SCOPE

A sample size of 71 files was selected for the review. This sample represents approximately 9% of the 791 files active for VCP claimants treated at Paladin Eastside Counseling Services, Inc. through December 2008.

METHODOLOGY

For each selected claimant the review team conducted an analysis of the VCP's electronic file and the claimant's file at Paladin Eastside Counseling Services, Inc., concentrating on:

- the type and severity of the qualifying crime;
- the relationship of the claimant to the direct victim of the qualifying crime;
- the claimant's age when the qualifying crime occurred;
- the amount of mental health treatment provided to date with a review of the billing submitted;
- the completeness and content of the Treatment Plan(s) and treatment notes;
- the qualification(s) of the treating therapist and supervising therapist (if required); and
- whether the VCP was billed at the correct payment rate and percentage of treatment related to the qualifying crime.

SUMMARY OF RESULTS

Following is a list of the specific areas reviewed and the finding on each:

Client Documents

*93% Files included a signed consent for treatment. (If the claimant is a minor, his/her parent or legal guardian must sign.)

Five files were missing this document.

*81% Files included a signed authorization for release of information. (If the claimant is a minor, his/her parent or legal guardian must sign.)

Thirteen files were missing this document.

*91% Files included a proof of discussion of confidentiality/privilege. (If the claimant is a minor, his/her parent or legal guardian must sign.)

Four files were missing this document.

Therapeutic Treatment*

4% Files included timely Treatment Plans (i.e. completed by the end of the fifth session).

The Treatment Plan was untimely for 67 files (ranging from 5.5 sessions to 32.5 sessions provided before the Treatment Plan was completed).

99% Files included Treatment Plans with all required information.

One file was missing a Treatment Plan (29 sessions provided).

99% Files included Treatment Plans with objective measures for treatment progress.

One file was missing a Treatment Plan (29 sessions provided).

97% All Treatment Plans were signed by the treating therapist and supervising therapist (if applicable).

One file was missing a Treatment Plan (29 sessions provided) and one file had a Treatment Plan that was not signed by the treating therapist.

*93% Files included legible treatment notes.

Five files contain notes that are difficult to read or illegible.

*78% File included treatment notes that demonstrated the therapy provided was necessary as a direct result of the qualifying crime.

The notes for 15 files indicated that treatment was either not necessary (6 files), only partially necessary (2 files), or not clearly documented as necessary (7 files) as a direct result of the qualifying crime. According to the notes, the treatment appeared to be focused on issues unrelated to the qualifying crime or did not establish a relationship to the symptoms caused by the qualifying crime.

*45% Files included treatment notes that demonstrated substantial progress was made in treatment and/or the treatment best aided the claimant (this was applied if the claimant received 15 or more hours of therapy from your facility).

The notes for 31 files indicated that treatment had either not substantially progressed and/or best aided (14 files), partially progressed and/or best aided (3 files), or substantial progress and/or best aid was not clearly documented (14 files). These findings were based on the review team's observation that some notes were illegible, there was a change in therapist midway through the treatment, and many of the notes lacked descriptions of the symptoms being treated, interventions used, and the impact of the interventions.

100% The license/registration of the treating therapists and supervising therapists were current at the time treatment was provided.

100% The treatment was billed at the correct payment rate.

81.7% Overall Rating

* Some of the data for this area was not completed by the reviewers or not applied due to less than 15 session hours provided. Therefore the base figure of 71 files was reduced accordingly to insure an accurate accounting of compliance.

DETAILS OF AREAS BELOW 100%

- Signed Consent

A signed consent for treatment could not be located in your file for the following claimants (if the claimant is a minor, his/her parent or legal guardian must sign):

REDACTED

REDACTED

REDACTED

REDACTED

REDACTED

- Signed Authorization for Release of Information

A signed authorization for release of information could not be located in your file for the following claimants (if the claimant is a minor, his/her parent or legal guardian must sign):

REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED
 REDACTED

- Proof of Discussion of Confidentiality/Privilege

A signed proof of discussion of confidentiality/privilege could not be located in your files for the following claimants (if the claimant is a minor, his/her parent or legal guardian must sign):

REDACTED
 REDACTED
 REDACTED
 REDACTED

- Treatment Plans Completed Timely

The Treatment Plans for the following claimants were not completed timely (i.e. by the end of the fifth session):

REDACTED (signed after 8.5 sessions)
 REDACTED (signed after 11 sessions)
 REDACTED (signed after 11.5 sessions)
 REDACTED (signed after 11.5 sessions)
 REDACTED (signed after 9.5 sessions)
 REDACTED (signed after 12.5 sessions)
 REDACTED (signed after 12 sessions)
 REDACTED (signed after 10 sessions)
 REDACTED (signed after 16 sessions)
 REDACTED (signed after 27 sessions)

REDACTED (signed after 5.5* sessions)

REDACTED (signed after 7 sessions)

REDACTED (signed after 7 sessions)
REDACTED (signed after 20.5 sessions)
REDACTED (signed after 7.5 sessions)
REDACTED (signed after 17 sessions)
REDACTED (signed after 12 sessions)
REDACTED (signed after 12 sessions)
REDACTED (signed after 11.5 sessions)
REDACTED (signed after 15 sessions)
REDACTED (signed after 12 sessions)
REDACTED (signed after 14 sessions)
REDACTED (signed after 13 sessions)
REDACTED (signed after 28.5 sessions)
REDACTED (signed after 8.5 sessions)

- Treatment Plans In File and Complete

The Treatment Plan for the following claimant was not completed:

REDACTED (No Treatment Plan in file.)

- All Treatment Plans Signed by the Treating Therapist and Supervising Therapist (if applicable).

The Treatment Plans for the following claimants were not signed by the treating therapist:

REDACTED (No Treatment Plan in file.)
REDACTED

- Legible Treatment Notes

The treatment notes for the following claimants were not legible:

REDACTED
REDACTED
REDACTED
REDACTED
REDACTED

- The Treatment Notes Demonstrate the Therapy Provided was Necessary as a Direct Result of the Qualifying Crime

After reviewing the treatment notes for the following claimants, the review team determined that treatment was either not necessary, only partially necessary, or not clearly documented as necessary as a direct result of the qualifying crime.

Applications where treatment was determined not necessary as a direct result of the qualifying crime:

REDACTED – The qualifying crime was the claimant's physical and emotional endangerment***REDACTED***. The treatment notes indicated that the goals and presenting symptoms were not traceable to the qualifying crime and were focused on family discord.

REDACTED – The qualifying crime was the molest of the claimant's daughters ***REDACTED***. The treatment notes indicated that therapy is focused on family dysfunction unrelated to the qualifying crime.

REDACTED – The qualifying crime was the molest of the claimant***REDACTED***. The treatment notes indicated that therapy was focused on family dysfunction issues unrelated to the qualifying crime.

REDACTED – The qualifying crime was the molest of the claimant***REDACTED***. The treatment notes indicated that therapy is focused is on the claimant's misbehavior and parenting issues unrelated to the qualifying crime.

REDACTED – The qualifying crime was the claimant witnessing domestic violence ***REDACTED***and being the victim of physical abuse and child endangerment***REDACTED***. Nearly every treatment note began with individual play therapy assisting the claimant to verbalize his thoughts and feelings. He began therapy at age ***REDACTED*** and reached his ***REDACTED*** session at***REDACTED***. Therapy appeared focused on behaviors normally exhibited by toddlers and was not specifically trauma focused.

REDACTED – The qualifying crime was the claimant's physical and emotional endangerment***REDACTED***. The treatment notes indicated that the goals and presenting symptoms were not traceable to the qualifying crime and were focused on family discord.

Applications where treatment was determined to be partially necessary as a direct result of the qualifying crime:

REDACTED – The qualifying crime was sexual abuse of the claimant's sibling***REDACTED***. The treatment notes indicated that therapy was primarily focused on improving the claimant's social skills.

REDACTED – The qualifying crime was the claimant witnessing domestic violence***REDACTED***. The treatment notes indicated that therapy was focused on the claimant's behavior and relationship with ***REDACTED*** and lacked discussion of the trauma from the qualifying crime.

Applications where treatment was not clearly documented as necessary as a direct result of the qualifying crime:

*****REDACTED***** – The qualifying crime was the claimant's physical abuse*****REDACTED*****. It is unclear from the treatment notes if therapy was focused on the qualifying crime. The claimant was age *****REDACTED***** when therapy began and *****REDACTED***** when therapy ended.

*****REDACTED***** – The qualifying crime was the claimant's physical abuse*****REDACTED*****. It is unclear from the treatment notes if therapy was focused on the qualifying crime as each session began with helping him to *****REDACTED*****. The claimant was age *****REDACTED***** when therapy began and *****REDACTED***** when therapy ended.

*****REDACTED***** – The qualifying crime was the claimant witnessing domestic violence*****REDACTED*****. The treatment notes were illegible preventing a determination of the treatment focus.

*****REDACTED***** – The qualifying crime was the molest of the claimant's daughters *****REDACTED*****. It is unclear from the treatment notes if therapy was focused on the qualifying crime. Treatment appeared geared toward the claimant's problems*****REDACTED*****, although the perpetrator's contact with her family upon his release from incarceration has created problems.

*****REDACTED*****

*****REDACTED***** – The qualifying crime was the claimants witnessing domestic violence*****REDACTED*****. The treatment notes did not reveal the therapy content, therefore it was unclear if therapy was focused on the qualifying crime.

*****REDACTED***** – The qualifying crime was the claimant's sexual molest*****REDACTED*****. The treatment notes were illegible preventing a determination of the treatment focus.

- Treatment Notes Demonstrated Substantial Progress and/or Treatment Best Aids

After reviewing the treatment notes for the following claimants, the review team determined that treatment had not substantially progressed and/or best aided the claimant, had partially progressed and/or best aided, or substantial progress and/or best aid was not clearly documented (only applicable if the claimant received 15 or more hours of therapy at your facility).

Applications where treatment had not substantially progressed and/or best aided:

*****REDACTED***** (40.5 sessions provided)

The treatment notes did not indicate substantial progress and treatment did not best aid the claimant as therapy was hindered because the claimant did not want to be in treatment.

REDACTED (55 sessions provided)

The treatment notes did not indicate substantial progress and it was undetermined if treatment best aided the claimant as the impairment scores on the Additional Treatment Plan had not changed from the scores on the Treatment Plan.

REDACTED (21.5 sessions provided)

REDACTED (17 sessions provided)

REDACTED (21 sessions provided)

The treatment notes did not indicate substantial progress and it was undetermined if treatment best aided the claimants as therapy terminated because their ***REDACTED*** stopped bringing them into treatment.

REDACTED – (34 sessions provided)

Treatment did not best aid the claimant as it appeared focused on behaviors normally exhibited by toddlers, and was not specifically trauma focused. The treatment notes indicated that therapy was initially focused on increasing the claimant's mood and decreasing her depression, fear of separation from mother, and fear of the dark. Subsequent therapy focused on assisting her to verbalize thoughts and feelings. The claimant began treatment at age ***REDACTED*** and reached her ***REDACTED*** session at ***REDACTED***.

REDACTED (40 sessions provided)

REDACTED (40 sessions provided)

REDACTED (26 sessions provided)

REDACTED (28 sessions provided)

Treatment did not appear to best aid the claimants as the treatment notes did not indicate substantial progress or describe therapeutic interventions.

REDACTED.

REDACTED (58 sessions provided)

REDACTED (55 sessions provided)

REDACTED (70 sessions provided)

REDACTED (50 sessions provided)

The treatment notes did not indicate substantial progress related to the qualifying crime and treatment appeared to only partially best aid the claimants.

Applications where treatment had only partially progressed and/or best aided:

REDACTED (40 sessions provided)

Therapy was hindered by placement conflicts and the treatment notes indicated that therapy only partially progressed and best aided the claimant.

REDACTED (38.5 sessions provided)

The treatment notes indicated only partial progress and treatment that best aided the claimant due to her inconsistent attendance and that she did not want to continue with treatment.

REDACTED (39 sessions provided)

REDACTED and the treatment notes indicated only partial progress.

Applications where substantial progress and/or treatment that best aids was not clearly documented:

REDACTED (40 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant as the notes did not describe the purpose of therapy.

REDACTED (29 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant.

REDACTED (38.5 sessions provided)

REDACTED (40 sessions provided)

There was a change in therapists following the 11th session and substantial progress was not clearly described in the treatment notes.

REDACTED (54 sessions provided)

REDACTED (52 sessions provided)

Substantial progress was not clearly described in the treatment notes and it was undetermined if treatment best aided the claimants as the impairment scores on their Additional Treatment Plans had not changed from the scores on the Treatment Plans.

REDACTED (39.5 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant as the notes were difficult to read due to poor penmanship.

REDACTED (40 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant. The last note stated that the claimant (at the age of***REDACTED***) was able to verbalize his feelings and discuss what he learned in treatment. It was questioned by the reviewer that the claimant was able to express this***REDACTED***.

REDACTED (39 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant as many notes consisted of her self-reports and not treatment interventions and effectiveness. The notes were also difficult to read due to poor penmanship.

REDACTED (40 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant because the notes were difficult to read due to poor penmanship.

REDACTED (18 sessions provided)

REDACTED (17 sessions provided)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant as the notes did not indicate the content and focus of the therapy.

REDACTED (20.5 sessions provided)

Substantial progress was not clearly described in the treatment notes as they did not demonstrate the effectiveness of therapy and the claimant's improvement.

REDACTED (39 sessions provided;)

It could not be determined from the treatment notes if there was substantial progress and/or if the treatment best aided the claimant because the notes were illegible.

ADDITIONAL OBSERVATIONS

The following data is based on the treatment provided through the date of this clinical review.

Type of Files Reviewed (71 Files)

- 8 (11%) for adult claimants;
- 41 (58%) for minors six years and older;
- 22 (31%) for minors under the age of six.

Files Nearing (Within 5 Hours), Reaching, or Exceeding the Initial Session Limit

- 42 (59%) of the files are near, have reached, or have exceeded their initial session limit;
 - 4 (50%) of the 8 files for adults;
 - 28 (68%) of the 41 files for minors six years and older;
 - 10 (45%) of the 22 files for minors under age six.

Mental Health Treatment

- Treatment averaged 31.9 sessions per file with an average duration of 11 months;
 - Treatment for the 8 files for adults averaged 27.4 sessions per file with an average duration of 9.7 months;
 - Treatment for the 41 files for minors six years and older averaged 33.9 sessions per file with an average duration of 11.7 months.
 - Treatment for the 22 files for minors under age six averaged 29.8 sessions per file with an average duration of 10.4 months.

Additional Treatment Plans (ATP) Submitted

- Of the 71 files reviewed, 15 (21%) had ATPs submitted requesting additional sessions beyond the claimant's initial session limit. All 15 ATPs were allowed (ranging from 10 to 20 additional sessions approved). Two files had second ATPs submitted, but both were denied as treatment no longer focused on the qualifying crime.

Treatment Notes

The treatment notes lacked structure. Most were not clear on the symptoms being treated and the interventions applied, and the effectiveness of therapy is not well documented. Also, the time that sessions began and ended was not listed, preventing verification of treatment duration.

PLAN OF CORRECTIVE ACTION

Because your overall rating is below 85%, a Plan of Corrective Action is warranted. The following requirements will be necessary when you submit billing for clients who have VCP applications:

- Upon receipt of this letter and for a period of 12 months thereafter, all Treatment Plans must be submitted to the Mental Health Section for review and approval by the end of the claimant's fifth session. The VCP will not reimburse for treatment beyond the fifth session without this document. You may fax the Treatment Plans to (916) 491-6423, attn. Bob Sonsalla or mail it to:

Victim Compensation Program
Mental Health Section, Attn. Bob Sonsalla
P. O. Box 591
Sacramento, CA 95812

- Upon receipt of this letter and for an indefinite period, all treatment notes must include sign in/out times and must include the signature of the claimant or the claimant's legal guardian or foster parent if the claimant is a minor;
- Upon receipt of this letter and for a period of 6 months thereafter, treatment notes must be submitted with the Treatment Plan and Additional Treatment Plan when requesting payment for additional sessions beyond the claimant's session limit.

Please respond within 30 days of the receipt of this letter advising the VCP how your agency will comply with these requirements. A visit to your agency will be planned for approximately six (6) months from the date of this report to confirm that these issues have been satisfactorily addressed and to present any new information from the VCP. If you have any questions or concerns about this report, please contact Bob Sonsalla at (916) 491-3522 or email bob.sonsalla@vcgcb.ca.gov.

Sincerely,

Janice Patton SSMII, Manager
Policy, Research and Mental Health Sections
Victim Compensation and Government Claims Board

October 26, 2009

Paladin Eastside Counseling Services, Inc.
Attention:***REDACTED***
REDACTED
Montebello, CA 90640

FRED AGUIAR
Secretary
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
Board Member
MICHAEL A. RAMOS
San Bernardino County District Attorney
Board Member
JULIE NAUMAN
Executive Officer

RE: Response to Audit Conducted on February 10th and 11th, 2009

Dear Dr.***REDACTED***,

This correspondence addresses the issues brought forth in your letter of August 28, 2009 regarding the results of the California Victim Compensation Program (CalVCP) February 2009 clinical review of Paladin Eastside Counseling Services, Inc. For the purpose of clarity, we have paraphrased your issues in italics with our response following.

I. Exit Interview. The Audit Process' lack of an Exit Interview and the effect upon our Overall Rating.

CalVCP auditors generally conduct an exit interview following a review. Unfortunately in this case, unforeseen circumstances did not make this possible. However, the absence of the interview would not have changed our findings. The review team members were able to locate the *Consent for Treatment, Authorization for Release of Information, and Proof of Discussion of Confidential Information* forms in the majority of your files, which indicates the documents were identifiable by the review team. This is especially true for the file (***REDACTED***) where the CalVCP Treatment Plan (TP) was missing.

Your contention that the TP in the file for ***REDACTED*** was signed by the treating therapist does not match our review team's worksheet for that file, which notes the TP was signed by the supervisor (yourself) but was absent the signature of the treating therapist (***REDACTED***).

II. Date Change on Treatment Plan Document. The confusion caused by the VCP's change in the Treatment Plan Document and the effect of this upon our Overall Rating.

The CalVCP requires that the TP be completed at the end of the client's fifth session and before the sixth session is provided. You are correct that the TP has two signature and date lines, one for completion by the treating therapist, and the other for completion by the supervising therapist, if required. From your letter, it appears as if you are uncertain when your therapists actually sign the TP. As assumed with all legal documents, the signed date reflects the completion date. In determining timely completion, the earliest signature date is considered. With any TP reviewed, the date of the TP signature is compared with the number of sessions provided to that date. An exit interview would not have cleared this issue in your favor.

You have also mentioned that the untimely TP date might be explained as a typing issue whereby your support staff transfers the treating therapist's intervention plan onto our TP, after which the therapist signs and dates the form. CalVCP suggests that the treating therapist sign and date the last page of the TP and the support staff attach that page after the typing is complete. The last page does not have any clinical information that requires typing.

CalVCP understands that you have created your own Treatment Plan which incorporates the questions contained in CalVCP's TP. Whether or not your Treatment Plan includes the information we require is inconsequential. The CalVCP TP is filed with the California Secretary of State in its current approved format and must be completed timely. Also, completion of the TP need not wait for the client's CalVCP application number because TP submission is required only if we request it.

III. Plan of Corrective Action. Paladin Eastside's Plan of Corrective Action to address the issues brought to light by the audit process.

We believe your plan for improvement is well-conceived, appears to address our concerns and will have a positive impact on your future reviews.

In regards to the matter concerning a possible confidentiality breach if CalVCP requires the treatment notes for a minor to be signed by his/her legal guardian/caretaker, we believe that a log sheet that includes the date/time of the session, names of the therapist and client, and duration and type of session (e.g. individual) may alleviate this issue.

CalVCP is aware that you provide a greatly needed service to crime victims in the geographical regions you serve and look forward to continuing a successful business relationship with your agency. Please note that the Plan of Corrective Action is still in place and should be implemented within 14 days from the date of this letter. If you have any questions regarding this matter please contact Bob Sonsalla at (916) 491-3522 or bob.sonsalla@vcgcb.ca.gov.

Sincerely,

Janice Patton, SSMII, Manager
Policy, Research and Mental health Sections
CA Victim Compensation and Government Claims Board

JP:rfb:rs

December 29, 2009

Paladin Eastside Counseling Services, Inc.

Attention: ***REDACTED***

REDACTED

Montebello, CA 90640

Dear Dr. ***REDACTED***,

This letter is to follow up with the California Victim Compensation Program (CalVCP) February 2009 Clinical Review and to respond to your letter dated October 26, 2009 regarding the Clinical Review findings.

CalVCP will maintain the overall score of 81.7% and the Corrective Actions will remain in effect. All of the corrective actions were to be implemented by November 9, 2009 as directed in the California Victim Compensation letter dated October 26, 2009.

The CalVCP Treatment Plan (TP) was not completed timely in 96% of the reviewed files. The CalVCP TP and CalVCP Mental Health Guidelines are registered with the Secretary of State as required in Government Code 13957.2. The CalVCP TP is the only authorized treatment plan to be used for the purpose of meeting California Victim Compensation requirements. At the time of the clinical review, no Paladin Eastside Counseling Services employee informed or showed the California Victim Compensation reviewers the Paladin Eastside Counseling Services treatment plan or its location in the file. Additionally, Paladin Eastside Counseling Services did not receive authorization from California Victim Compensation to use any other form than the CalVCP TP. Paladin Eastside Counseling Services is aware of the CalVCP TP requirement as evident by the signed declaration pages demonstrating awareness of the form.

CalVCP reserves the right to recoup payments when the CalVCP TP is not completed before the sixth session and/or if the treatment notes indicate that the treatment is not crime related. Paladin Eastside Counseling Services must complete the CalVCP TP before the sixth session for all California Victim Compensation victims. If the CalVCP TP is not completed before the sixth session, Paladin Eastside Counseling Services must complete the CalVCP TP with the actual date the form was completed. Post dating is not acceptable.

If you have any further questions then please contact me at (916) 491-3542.

Sincerely,

JoAnn Goodwin
Assistant Deputy Executive Officer
Victim Compensation Program

FRED AGUIAR
Secretary
State and Consumer Services Agency
Chairperson
JOHN CHIANG
State Controller
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